

**Fall 2024 Finals Week**

**Combined/Alternate Final Exam Request**

**\*\*All combined/alternate final exam requests are subject to the most up-to-date public health guidelines regarding Covid-19 and may be adjusted or canceled.\*\***

The University has developed a Finals Week schedule format that would provide an opportunity for each class to meet for a two-hour block of time during the last week of the semester. This schedule is viewable at <https://sites.rowan.edu/registrar/registration-information/registration-dates.html>. In order to complete the development of this schedule, some additional information is requested.

1. If you wish to have multiple-section courses scheduled for a common time and/or location\* during Finals Week please identify those courses under section **A**. Please note that combined exams are for ***day sections only;* evening sections may not be combined with other evening sections and day sections may not be combined with evening sections.** *Please note that common locations will be contingent upon the availability of an appropriately large room.*

***\* Department Head/Chairperson’s approval is required for requests to combine final exams.***

2. If your present facility is not adequate or appropriate for the final activity, please indicate under section **B** those courses which need to be relocated.

3. If you do not require a final exam scheduled for your class, please indicate that in section **C**.

4. Please return this form **via email** to scheduling@rowan.edu by ***Friday, October 4, 2024*.
*\* All requests will be processed in the order in which they are received.***

 ***\* Requests received after the deadline may not be able to be accommodated.***

If you have any questions, please email scheduling@rowan.edu.

1. **MULTIPLE SECTION COURSES TO BE SCHEDULED AT A COMMON TIME (*with approval of Dept. Chair*):**

| **CRN** | **Subject** | **Course Number** | **Section** | **Title** | **Enrollment** | **Notes** |
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**B. FOR EXAMS WHICH REQUIRE ALTERNATE ACCOMMODATIONS (*with approval of Dept. Chair*):**

| **CRN** | **Subject** | **Course Number** | **Section** | **Title** | **Enrollment** | **Notes** |
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**C. IF AN EXAM DAY/TIME/ROOM IS NOT REQUIRED FOR YOUR COURSE, PLEASE LIST HERE:**

| **CRN** | **Subject** | **Course Number** | **Section** | **Title** | **Enrollment** | **Notes** |
| --- | --- | --- | --- | --- | --- | --- |
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**FACULTY MEMBER’S NAME** EXT.

**DEPARTMENT CHAIRPERSON’S APPROVAL** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_